

Rec'd PTO 14 NOV 2005

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 201304/1172
<div style="display: flex; justify-content: space-between;"> <div style="width: 35%;"> <p style="margin: 0;"><b>CERTIFICATE OF MAILING</b></p> <p style="margin: 0; font-size: small;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on <u>Nov. 9, 2005</u></p> <p style="margin: 0;">Signature: <u>Ruth R. Smith</u></p> <p style="margin: 0;">Name: <u>Ruth R. Smith</u></p> </div> <div style="width: 65%;"> <p style="margin: 0;">In re Application of <u>Lim et al.</u></p> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Application Number <u>10/525,623</u></span> <span>Filed <u>August 29, 2003</u></span> </div> <p style="margin: 0;">For <u>SPAN-Xb GENE AND PROTEIN FOR THE DIAGNOSIS AND TREATMENT OF CANCER</u></p> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Group Art Unit To Be Assigned</span> <span>Examiner To Be Assigned</span> </div> </div> </div>		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 70%;"> <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)  <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)  <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)  <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)  <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) </div> <div style="width: 25%; text-align: right;"> \$ <u>60</u>  \$ _____  \$ _____  \$ _____  \$ _____ </div> </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Applicant claims small entity status.  <input checked="" type="checkbox"/> A check to cover the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u>.  I have enclosed a duplicate copy of this sheet. </div> <p style="margin-top: 10px;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input checked="" type="checkbox"/> attorney or agent of record.  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a) _____</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p style="margin: 0;"><u>Alice Y. Choi</u></p> <p style="margin: 0; font-size: small;">Signature</p> <p style="margin: 0;"><u>Alice Y. Choi</u></p> <p style="margin: 0; font-size: small;">Typed or printed name</p> </div> <div style="width: 45%; text-align: right;"> <p style="margin: 0;"><u>November 9, 2005</u></p> <p style="margin: 0; font-size: small;">Date</p> <p style="margin: 0;"><u>(585) 263-1508</u></p> <p style="margin: 0; font-size: small;">Telephone Number</p> </div> </div> </div>		
<p style="font-size: small;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>		
<input type="checkbox"/> Total of _____ forms are submitted.		

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SEND TO: Commissioner for Patents  
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Alexandria, VA 22313-1450

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